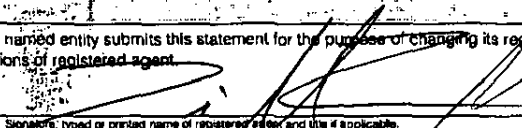
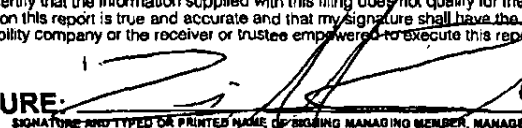


FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90191 001 ***150.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L02000020746</u>			
1. Entity Name Four Sisters, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 703 Crandon Blvd Suite, Apt. #, etc. 204		3. Mailing Address 328 Crandon Blvd Suite, Apt. #, etc. 226	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country US	Zip 33149	Country US
4. FEI Number 14-1845858		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <u>Elizabeth F. Calvo</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>308 Crandon Blvd</u>			
# <u>226</u>			
City <u>Key Biscayne</u>		FL	Zip Code <u>33149</u>
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <u>5/19/03</u>	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Estella Susana Minetti 328 Crandon Blvd #226 Key Biscayne FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Guadalupe Quintana Minetti 328 Crandon Blvd #226 Key Biscayne FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # _____	

CR2E083B (12/02)